

117 Rec'd PCT/PTO 02 MAY 2006

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To:

NAME:	FACSIMILE:	TELEPHONE:
Mail Stop Amendment	(571) 273-8300	

FROM: Barbara M. Hayashi

DATE: May 2, 2006

Number of pages with cover page:	10	Our Reference 480052000700
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

Comments:

Application No. 10/552,886

Attached: a) Transmittal Form, b) Fee Transmittal, c) Preliminary Amendment – 7 pages.

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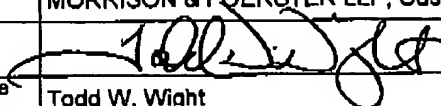
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/552,886
		Filing Date	October 12, 2005
		First Named Inventor	Jurgen DORN
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	9	Attorney Docket Number	480052000700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224	
Signature		
Printed name	Todd W. Wight	
Date	May 2, 2006	Reg. No. 45,218

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Dated: May 2, 2006	Signature:  (Barbara Hayashi)

cc-313433

PAGE 2/10 \* RCVD AT 5/2/2006 12:05:25 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXRF-6/44 \* DNIS:2738300 \* CSID:949 251 0900 \* DURATION (mm:ss):03:28

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PTO/SB/17 (01-88)

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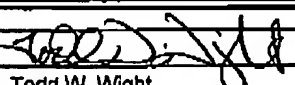
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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-10).  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/552,886 Filing Date: October 12, 2005 First Named Inventor: Jurgen DORN Examiner Name: Not Yet Assigned Art Unit: Not Yet Assigned Attorney Docket No.: 480052000700	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 200.00			

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 03-1952    Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
20		- 20 =	0		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
4		- 6 =	1	200.00	200.00		
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
	- 100 =	/ 50	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	45,218
Name (Print/Type)	Todd W. Wight	Telephone	(949) 251-7189
		Date	May 2, 2006

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Dated: 5/2/06

Signature:



(Barbara Hayashi)

Docket No.: 480052000700  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Jurgen DORN

Application No.: 10/552,886

Filed: October 12, 2005

Art Unit: Not Yet Assigned

For: LOADING AND DELIVERY OF SELF-  
EXPANDING STENTS

Examiner: Not Yet Assigned

**FIRST PRELIMINARY AMENDMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

Prior to examination on the merits, Applicant respectfully requests entry on this Preliminary Amendment for the above-captioned patent application.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

oc-311753